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new nonprovisional applications under 37	' C.F.R. 1.53(b))	Evnyage	BIOLOGICAL CELLS  Express Mail Label No.				
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APPLICATION	ELEMENTS		ADDRESS T	Commissioner fo O: Box Applications Washington, D.C	수		
_	[Total Pages th below] rention red Applications sponsored R & D Appendix ion ention rawings (if filed)  [Total Pages [Total Pages al or copy] ication (37 CFR 1.63 al with Box 16 comp. VENTOR(S) t attached deleting into or application, see 37 .33(b) 37 CFR 1.76  Check appropriate box CFR § 1.76:: ional	[22]]  9. 10 s [3]) 11 s [_]) 13 (d)) leted) 14 ventor(s) CFR 16 x and supply the results of the positionary of the positionary of the account of the accoun	Nucleotide a Submission  a. Compute b. Specification  i. CD- ii. pape c. Statemen  ACCOMPA  Assignment p  37 CFR 3.73 (when there  English Trans  X Information Statement (I)  Return Rece (Should be a second of foreign processes)  Companying application of the companying application of companying application advertently omitted	ANYING APPLICA Dapers (cover sheet & C S(b) Statement	s); or  f above copies  ATION PARTS  document(s))  Power of Attorney  pplicable)  Copies of IDS  citations  3)  t(s)  ary amendment, or in an  path or declaration is orated by reference dication parts.		
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NAME	Taber I		molly Bove Lodge	& Hutz LLP			
NAIVIE			Suite 80	<del></del>			
ADDRESS	1990 M Street, N.W.						
CITY	Washington	STATE	DC	ZIP CODE	20036-3425		
					(200) 200 (200		

COUNTRY U.S.A TELEPHONE (202) 331-7111 (202) 293-6229 FAX

Fee Calculation and Transmittal

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(Col 1)	] [	(Col 2)	(Col 3)	SMA	MALL ENTITY		NON-	SMALL ENTITY
NO. FILED			NO. EXTRA	RATE	FEE	OR	RATE	FEE
18	minus	20	= 0	x9=	\$		x18=	\$0.00
1	minus	3	= 0	x42=	\$		x84=	\$0.00
_ First Presentation, Multiple Dependent Claims				+140=	\$		+280=	\$0.00
	Base I	Filing Fee			\$370			\$740.00
ecify purpose)		***			\$			\$
FEE* (accounting	g for possit	ole small entity	status)		\$	OR	TOTAL	\$740.00
	NO. FILED  18  1  First Presentation  ecify purpose)	NO. FILED  18 minus  1 minus  First Presentation, Multiple  Base 1  ecify purpose)	NO. FILED  18 minus 20  1 minus 3  First Presentation, Multiple Dependent (  Base Filing Fee  ecify purpose)	(Col 1)         (Col 2)         (Col 3)           NO. FILED         NO. EXTRA           18         minus         20         = 0           1         minus         3         = 0   First Presentation, Multiple Dependent Claims  Base Filing Fee	(Col 1)         (Col 2)         (Col 3)         SMA           NO. FILED         NO. EXTRA         RATE           18         minus         20         = 0         x9=           1         minus         3         = 0         x42=           First Presentation, Multiple Dependent Claims         +140=           Base Filing Fee         ecify purpose)	NO. FILED         NO. EXTRA         RATE         FEE           18         minus         20         = 0         x9=         \$           1         minus         3         = 0         x42=         \$           First Presentation, Multiple Dependent Claims         +140=         \$           Base Filing Fee         \$370           ecify purpose)         \$	(Col 1)         (Col 2)         (Col 3)         SMALL ENTITY           NO. FILED         NO. EXTRA         RATE         FEE           18         minus         20         = 0         x9=         \$           1         minus         3         = 0         x42=         \$           First Presentation, Multiple Dependent Claims         +140=         \$           Base Filing Fee         \$370           ecify purpose)         \$	(Col 1)         (Col 2)         (Col 3)         SMALL ENTITY         NON-RATE           NO. FILED         NO. EXTRA         RATE         FEE         OR         RATE           18         minus         20         = 0         x9=         \$         x18=           1         minus         3         = 0         x42=         \$         x84=           First Presentation, Multiple Dependent Claims         +140=         \$         +280=           Base Filing Fee         \$370         \$           ecify purpose)         \$         \$

A check in the amount of \$ to cover the filing fee is enclosed  No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.  The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.						
	Charge the amount of \$ as filing fee  Credit any overpayment.  Charge any additional filing fees required under 37 CFR § 1.16  Charge any additional filing fees required under 37 CFR § 1.17  If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.					

Nama (Print/Type)	George R. Pettit	Registration No. (Attorney/Agent)	27,369
Signature	Coor Rota	27,369 Date	February 25, 2002